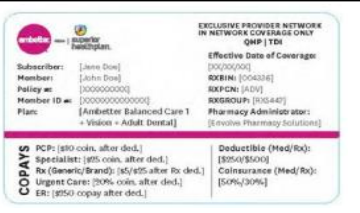

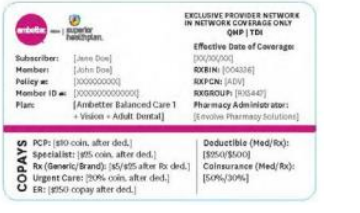
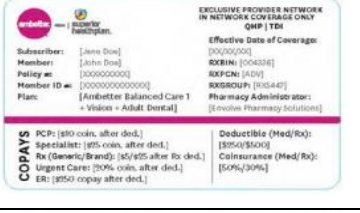
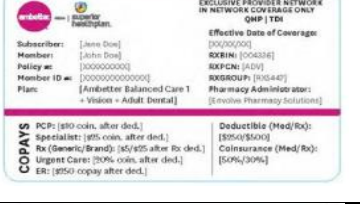



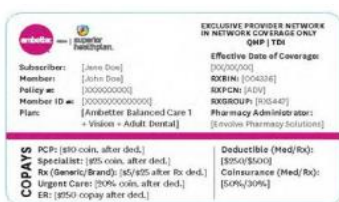
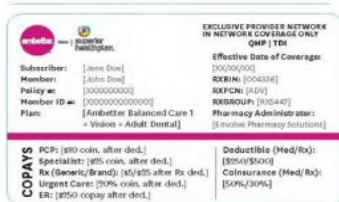

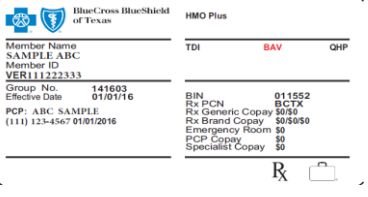
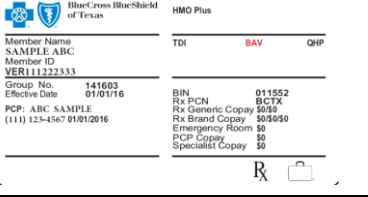
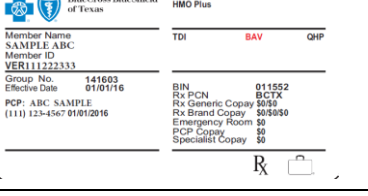
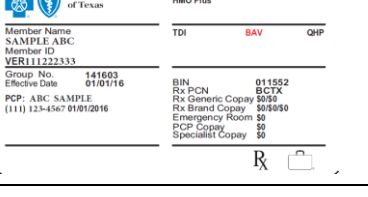
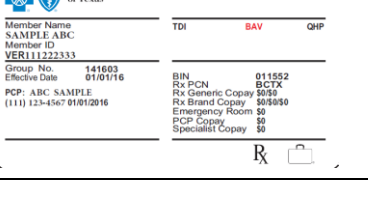
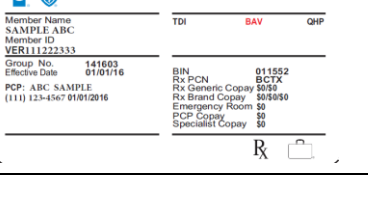
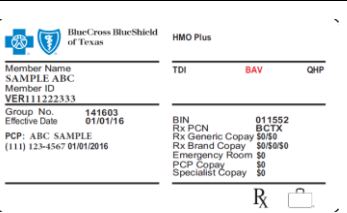
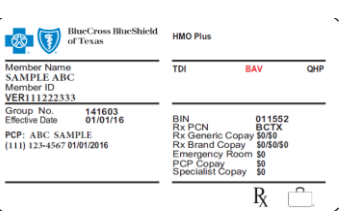
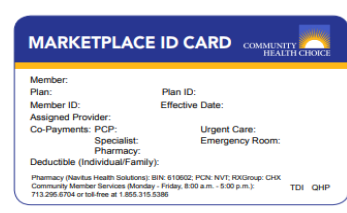








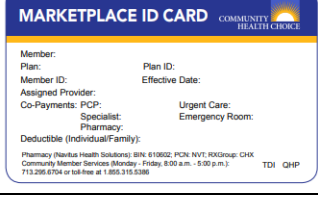
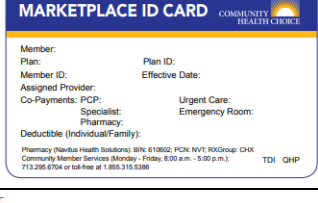

## 2019 Harris County Health Insurance Marketplace Grid

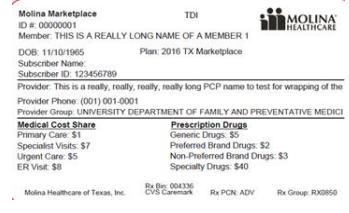


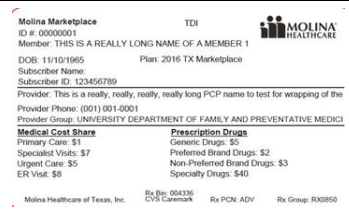
Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/ Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Bronze	Ambetter	Ambetter From Superior HealthPlan: Essential Care 1	Plan ID: 29418TX0140006	EPO	Superior HealthPlan Network	\$7,900.00	\$7,900.00	0\$ PCP Copayment after deductible  0\$ Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 5	Plan ID: 29418TX0140059	EPO	Superior HealthPlan Network	\$7,350.00	\$7,350.00	\$40 PCP  \$80 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 11	Plan ID: 29418TX0140019	EPO	Superior HealthPlan Network	\$6,000.00	\$7,900.00	\$30 PCP  \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 4	Plan ID: 29418TX0140009	EPO	Superior HealthPlan Network	\$7,050.00	\$7,050.00	\$30 PCP  \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 2	Plan ID: 29418TX0140003	EPO	Superior HealthPlan Network	\$6,500.00	\$6,500.00	\$30 PCP  \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/ Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 2 + Vision	Plan ID: 29418TX0150002	EPO	Superior HealthPlan Network	\$6,500.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 6	Plan ID: 29418TX0140008	EPO	Superior HealthPlan Network	\$3,000.00	\$6,750.00	\$30 PCP \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 1	Plan ID: 29418TX0140002	EPO	Superior HealthPlan Network	\$5,500.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 1 + Vision	Plan ID: 29418TX0150001	EPO	Superior HealthPlan Network	\$5,500.00	\$6,500.00	\$30 PCP \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Silver	Ambetter	Ambetter From Superior HealthPlan: Balanced Care 3 + Vision	Plan ID: 29418TX0150006	EPO	Superior HealthPlan Network	\$3,000.00	\$6,750.00	\$30 PCP \$60 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196
Gold	Ambetter	Ambetter From Superior HealthPlan: Secure Care 1 w/ 3 Free PCP Visits	Plan ID: 29418TX0140001	EPO	Superior HealthPlan Network	\$1,000.00	\$6,350.00	20% PCP Coinsurance after deductible 20% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	Member ID cards that contain the Ambetter logo have coverage under an Ambetter from Superior HealthPlan.		<a href="#">Physician Search</a>	1-877-687-1196

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Bronze	BCBSTX	BCBSTX-Blue Advantage Bronze HMO 204	Plan ID: 33602TX0460713	HMO	Blue Advantage Network	\$6,000.00	\$7,900.00	\$40/50% PCP Coinsurance after deductible  50% Specialist after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Bronze	BCBSTX	BCBSTX-Blue Advantage Bronze 301	Plan ID: 33602TX0460791	HMO	Blue Advantage Network	\$7,900.00	\$7,900.00	PCP no charge after deductible  Specialist no charge after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Bronze	BCBSTX	BCBSTX-Blue Advantage Plus Bronze 305	Plan ID: 33602TX0770244	HMO	Blue Advantage Network	\$5,000.00	\$7,900.00	40% PCP Coinsurance after deductible  50% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Bronze	BCBSTX	BCBSTX-Blue Advantage Plus Bronze 303	Plan ID: 33602TX0770193	HMO	Blue Advantage Network	\$3,900.00	\$7,900.00	40% PCP Coinsurance after deductible  40% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Silver	BCBSTX	BCBSTX-Blue Advantage Silver HMO 205	Plan ID: 33602TX0460688	HMO	Blue Advantage Network	\$1,900.00	\$7,900.00	\$25/50% PCP Coinsurance after deductible  50% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Silver	BCBSTX	BCBSTX- Blue Advantage Plus Silver 202	Plan ID: 33602TX0770165	HMO	Blue Advantage Network	\$1,100.00	\$7,900.00	\$10 PCP Coinsurance after deductible  50% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Gold	BCBSTX	BCBSTX- Blue Advantage Gold HMO 206	Plan ID: 33602TX0460563	HMO	Blue Advantage Network	\$350.00	\$7,900.00	\$30/40% PCP Coinsurance after deductible  40% Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Gold	BCBSTX	BCBSTX- Blue Advantage Plus Gold HMO 203	Plan ID: 33602TX0770140	HMO	Blue Advantage Network	\$750.00	\$7,900.00	\$20 PCP Coinsurance after deductible  \$50 Specialist Coinsurance after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	BAV		<a href="#">Physician Search</a>	1-888-697-0683
Bronze	Community Health Choice	Community Health Choice HMO Bronze 003	Plan ID: 27248TX0010003	HMO	Community Health Choice Network (Valid in state of Texas only)	\$6,500.00	\$7,900.00	\$40 PCP Copayment after deductible  \$65 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Bronze	Community Health Choice	Community Health Choice HMO Bronze (High Deductible Plan) 008	Plan ID: 27248TX0010008	HMO	Community Health Choice Network (Valid in state of Texas only)	\$6,750.00	\$6,750.00	\$0 PCP Copayment after deductible  \$0 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Silver	Community Health Choice	Community Health Choice HMO Silver 009	Plan ID: 27248TX0010009	HMO	Community Health Choice Network (Valid in state of Texas only)	\$5,000.00	\$7,000.00	\$30 PCP Copayment after deductible  \$60 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Silver	Community Health Choice	Community Health Choice HMO Silver 004	Plan ID: 27248TX0010004	HMO	Community Health Choice Network (Valid in state of Texas only)	\$3,000.00	\$7,900.00	\$30 PCP Copayment after deductible  \$60 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Community Health Choice	Community Health Choice HMO Silver Limited (Limited Network Plan) 007	Plan ID: 27248TX0010007	HMO	Community Health Choice Network (Valid in state of Texas only)	\$0.00	\$7,900.00	\$40 PCP \$75 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Silver	Community Health Choice	Community Health Choice HMO Silver 002	Plan ID: 27248TX0010002	HMO	Community Health Choice Network (Valid in state of Texas only)	\$0.00	\$7,900.00	\$40 PCP \$75 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Gold	Community Health Choice	Community Health Choice HMO Gold 005	Plan ID: 27248TX0010005	HMO	Community Health Choice Network (Valid in state of Texas only)	\$750.00	\$6,000.00	\$20 PCP Copayment after deductible \$40 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Gold	Community Health Choice	Community Health Choice HMO Gold 001	Plan ID: 27248TX0010001	HMO	Community Health Choice Network (Valid in state of Texas only)	\$0.00	\$7,900.00	\$30 PCP \$65 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Gold	Community Health Choice	Community Health Choice HMO Gold (Limited Network Plan) 006	Plan ID: 27248TX0010006	HMO	Community Health Choice Network (Valid in state of Texas only)	\$0.00	\$7,900.00	\$30 PCP \$65 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	QHP will be listed at the bottom of the ID card. <b>Marketplace ID</b> card will be listed at the top of the ID card.		<a href="#">Physician Search</a>	1-855-315-5386
Bronze	Molina	Molina Marketplace Bronze Plan	Plan ID: 45786TX0020003	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$6,400.00	\$7,900.00	\$35 PCP Copayment after deductible \$80 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	"QHP" will be on the front of the ID card.		<a href="#">Physician Search</a>	1-888-560-2025

Metal Level	Health Plan Name	Product Name	Plan ID	Product Type	Network	In Network Individual Deductible	In Network Individual/ Family Maximum Out of Pocket (MOOP)	In Network Copay	Out of Network Benefits	Summary of Benefits	Identifier on ID Card	Sample ID Card	Search Provider Network	Contact Number
Silver	Molina	Molina Marketplace Choice Silver Plan	Plan ID: 45786TX0020002	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$5,350.00	\$7,900.00	\$30 PCP Copayment after deductible  \$75 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDIC Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$0 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Molina Healthcare of Texas, Inc. Rx By: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX9850</p>	<a href="#">Physician Search</a>	1-888-560-2025
Silver	Molina	Molina Marketplace Silver Plan	Plan ID: 45786TX0010002	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$0.00	\$7,350.00	\$40 PCP  \$85 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDIC Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$0 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Molina Healthcare of Texas, Inc. Rx By: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX9850</p>	<a href="#">Physician Search</a>	1-888-560-2025
Gold	Molina	Molina Marketplace Gold Plan	Plan ID: 45786TX0020001	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$2,925.00	\$5,000.00	\$10 PCP Copayment after deductible  \$50 Specialist Copayment after deductible	No out of network benefits	<a href="#">Summary of Benefits</a>	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDIC Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$0 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Molina Healthcare of Texas, Inc. Rx By: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX9850</p>	<a href="#">Physician Search</a>	1-888-560-2025
Gold	Molina	Molina Marketplace Gold Plan	Plan ID: 45786TX0010001	HMO	Molina Marketplace Network (Is a subnetwork of original network)	\$0.00	\$7,900.00	\$40 PCP  \$75 Specialist	No out of network benefits	<a href="#">Summary of Benefits</a>	"QHP" will be on the front of the ID card.	 <p>Molina Marketplace ID #: 00000001 Member: THIS IS A REALLY LONG NAME OF A MEMBER 1 DOB: 11/10/1965 Plan: 2016 TX Marketplace Subscriber Name: Subscriber ID: 123456789 Provider: This is a really, really, really long PCP name to test for wrapping of the Provider Phone: (001) 001-0001 Provider Group: UNIVERSITY DEPARTMENT OF FAMILY AND PREVENTATIVE MEDIC Medical Cost Share Prescription Drugs Primary Care: \$1 Generic Drugs: \$0 Specialist Visits: \$7 Preferred Brand Drugs: \$2 Urgent Care: \$5 Non-Preferred Brand Drugs: \$3 ER Visit: \$8 Specialty Drugs: \$40 Molina Healthcare of Texas, Inc. Rx By: 004336 CVS Caremark Rx PCN: ADV Rx Group: RX9850</p>	<a href="#">Physician Search</a>	1-888-560-2025

**Additional Resources**

Texas Medical Association-Hey, Doc. Answers to Questions about the New Health Insurance Marketplace

• [Hey, Doc](#)

Harris County Medical Society-Link to HCMS's Marketplace website which contains information and resources regarding the Marketplace.

• [HCMS's Marketplace Website](#)

**Disclaimer: All content on this grid have been provided by the health plans and is for informational purposes only. Please confirm information with each plan.**